Anatomy in Clay – Level 1

Registration Form

February 4-5, 2009



Registrant's Information:

Name	·	
Address:		Daytime Phone:()
		Evening Phone:()
Schoo	ol:	
E-mai	Address:	
Impo	ortant Information:	
0 0 0 0	Registration deadline: Octo Capacity is limited to 30 pa Registrations will be accep Cancellation and Refund F send a substitute in your p Thalea know so that anoth	
Signa	ature:	Date:
Pleas	e return completed registrat Thalea Longhurst PO Box 144200 250 Fast 500 South	tion form to: Email: Thalea.Longhurst@schools.utah.gov Fax: 801-538-7868

*Do not send payment with form. Payment will be requested when you are notified that you are selected to participate in the workshop.

Salt Lake City, UT 84114-4200

Phone: 801-538-7889